

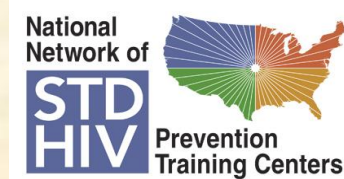
Ask Screen **Intervene**

Effective Prevention in HIV Care

Module 2 ***Prevention Strategies***

Developed by:

**The National Network of STD/HIV Prevention
Training Centers, in conjunction with the
AIDS Education & Training Centers**



Learning Objectives Module 2

At the end of this training, the participant will be able to:

- ◆ Deliver prevention messages
- ◆ Address misconceptions
- ◆ Use behavioral counseling to assess patient's readiness for behavior change & develop a risk reduction plan
- ◆ Refer for more intensive prevention interventions and other support services

Individual-Level Education and Behavioral Strategies

◆ Education

- Brochures, posters
- Prevention messages
- Addressing misconceptions

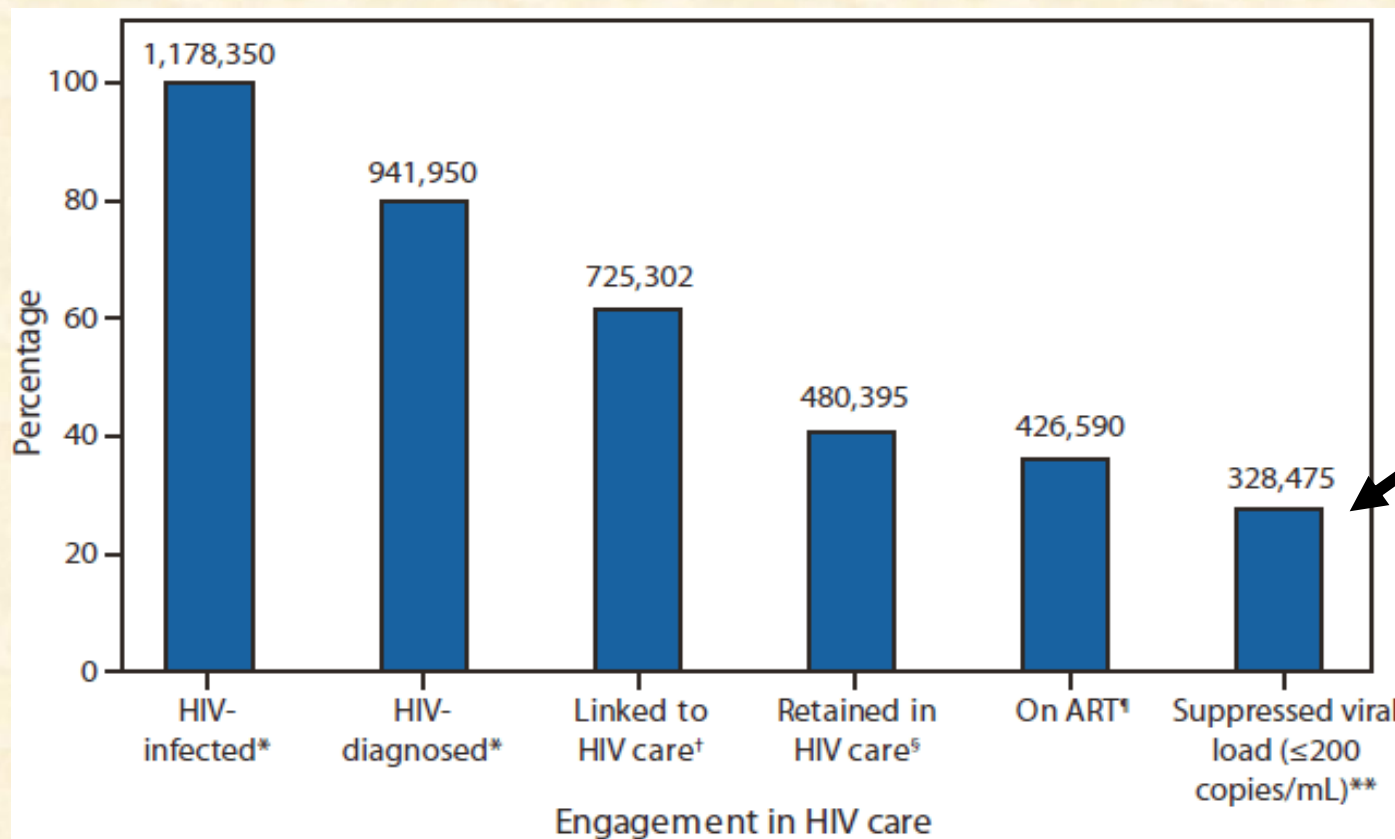
◆ Sexual Health and Substance Abuse

- Disclosure of HIV status
- Reduction of sexual partners
- Reducing or quitting needle use or sharing

◆ Public Health Strategies

- Linkage to care
- Retention in care
- Re-engagement in care
- Adherence to ART
- Disclosing HIV status
- Condom distribution
- Negotiating safer sex
- STD screening & Tx
- Partner services

The Challenge of High Impact HIV Prevention



**Only 28%
of HIV+
are adequately
managed**

Spectrum of engagement in HIV Care in the United States

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Gardner, *CID*, 2001.

CDC, *Vital signs: HIV prevention through care and treatment – United States, 2011.*

Behavioral Strategies for STD and HIV Prevention

Strategies designed to change:

- knowledge
- attitudes
- skills
- behaviors
- practices

in order to reduce personal health risks or risk to others for sexual and needle sharing behaviors

HIV Prevention in Care Interventions

Intervention	Methods
Options Project	MI counseling and use of risk reduction prescription pad
Positive Steps	Provider initiated risk reduction plan and counseling
Partnership for Health	Loss-framed and gain-framed prevention messages

- Brief (5-7 min) interventions delivered at every visit in HIV clinics
- All delivered by HIV clinicians (MD, PA, NP)
- All interventions were effective in reducing reported risk (unprotected sex)



Other Factors Impact Risk

- ◆ **Social Determinants of Health**
 - STD/HIV disparities by race/ethnicity
 - Stigma and discrimination
 - Socio-economic status
 - Education
 - Cultural identification
 - Physical environment (housing, crowding, transportation)

Effective HIV Prevention in Routine Care

Ask

Intervene

Screen

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Education vs Counseling

Patient Education

- Knowledge

Behavioral Counseling

- Knowledge
- Attitudes/ Beliefs
- Readiness
- Skills
- Behaviors
- Circumstances
- Practices

Opportunities to Intervene to Change Patient Behavior:

Deliver Prevention
Message

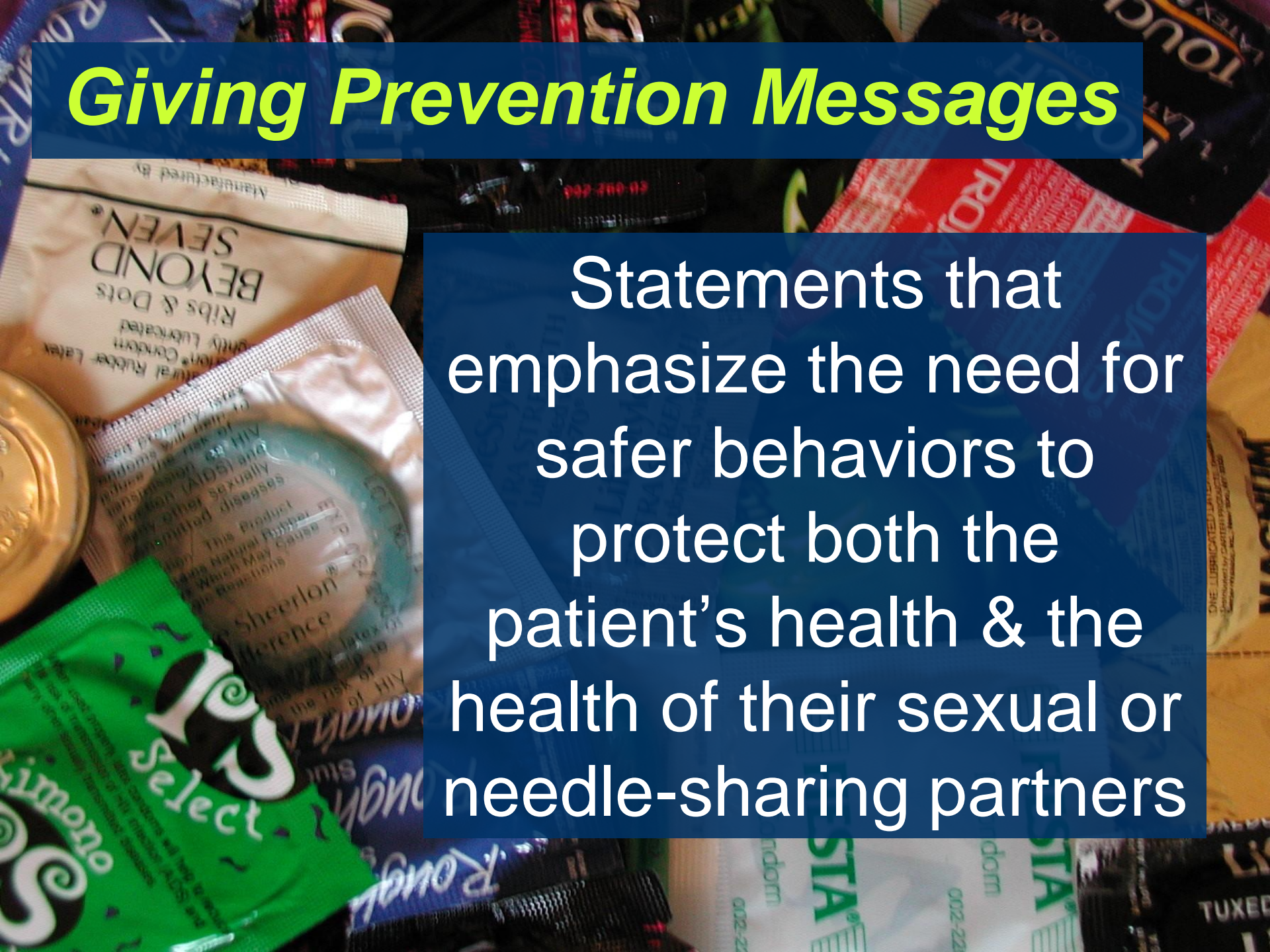
Address Misconceptions

Brief Behavioral
Counseling

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Giving Prevention Messages

Statements that emphasize the need for safer behaviors to protect both the patient's health & the health of their sexual or needle-sharing partners



HIV Prevention Messages

- ◆ **STDs facilitate transmission of HIV**
 - Increase susceptibility to HIV
 - Increase transmissibility of HIV
 - Suppressed viral load significantly reduces HIV transmission.
 - However, a suppressed viral load does not mean that no HIV is present
 - Sharing injection drug equipment can transmit HIV
- ◆ **Condoms prevent transmission of HIV**



ART Prevents Transmission

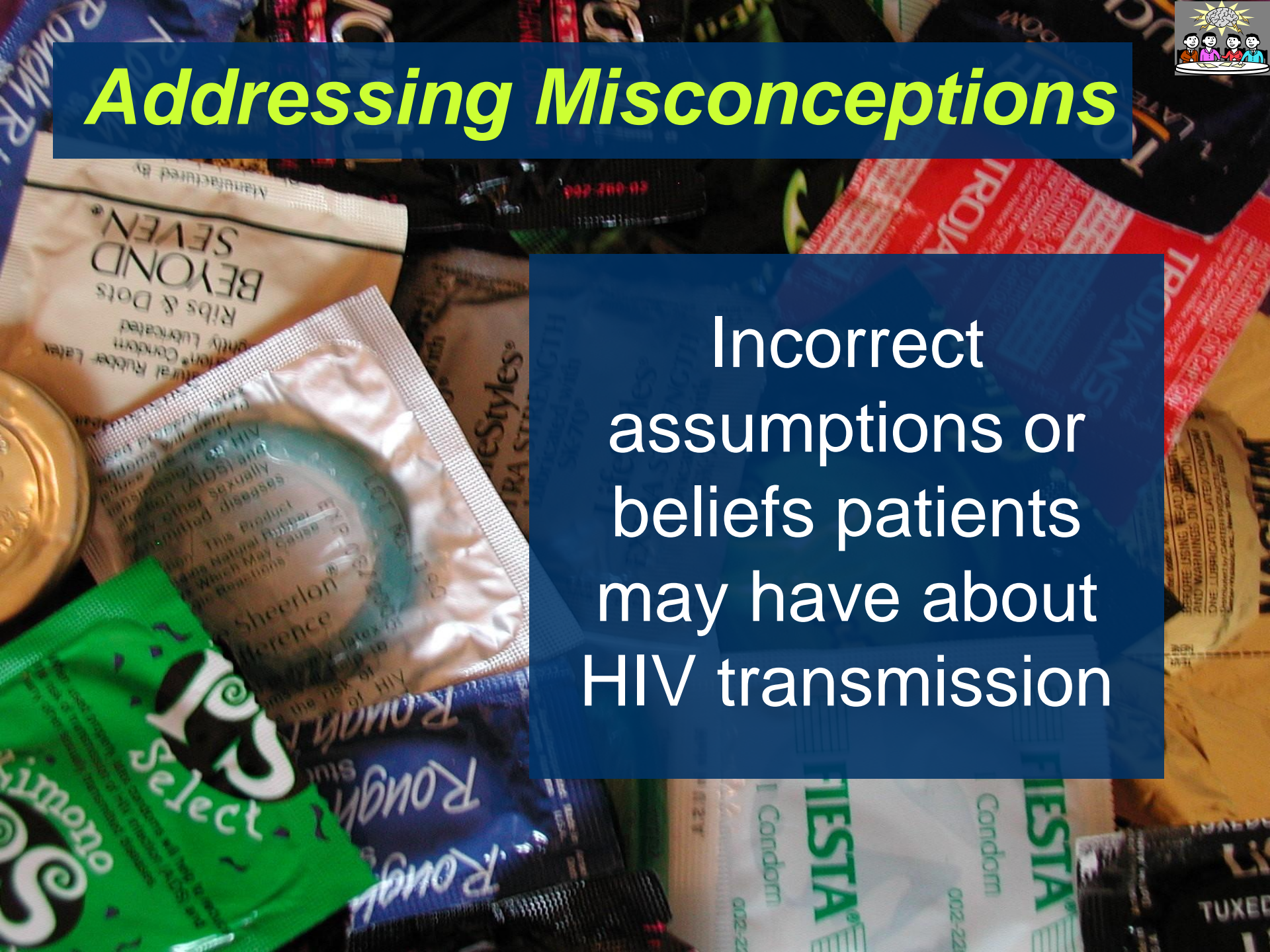
- ◆ Study published in 2011 showed ART reduced the risk of transmitting HIV to sexual partners
 - Randomized clinical trial
 - 1,763 serodiscordant couples, CD4 350-500
 - Immediate vs delayed initiation of ART

96% reduction in HIV transmission



Addressing Misconceptions

Incorrect assumptions or beliefs patients may have about HIV transmission

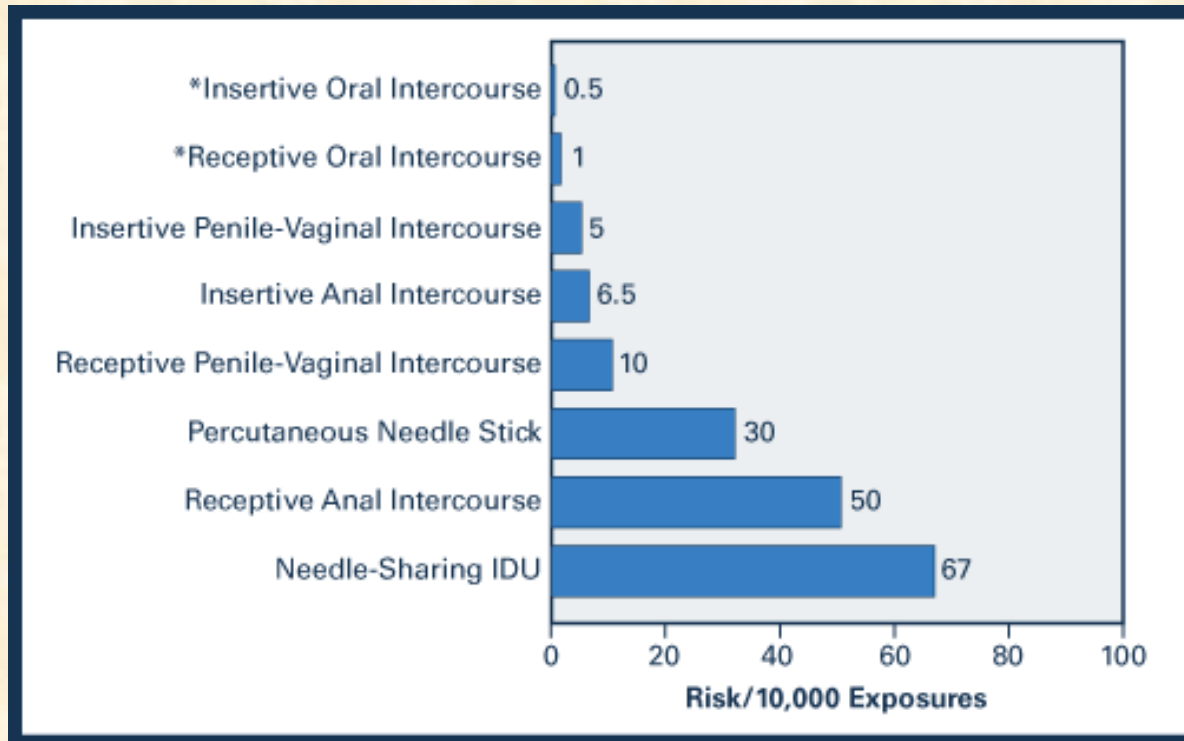


Common Areas of Misconception

- ◆ HIV Transmission risk varies with:
 - Type of sexual and drug-using behaviors/practices
 - Viral load - high vs 'undetectable'
 - Co-infection with other STDs



Some Behaviors are More Risky than Others



Relative risk

- Anal > Vaginal > Oral
- Receptive > Insertive



Identifying & Addressing Misconceptions

◆ **Assess Knowledge**

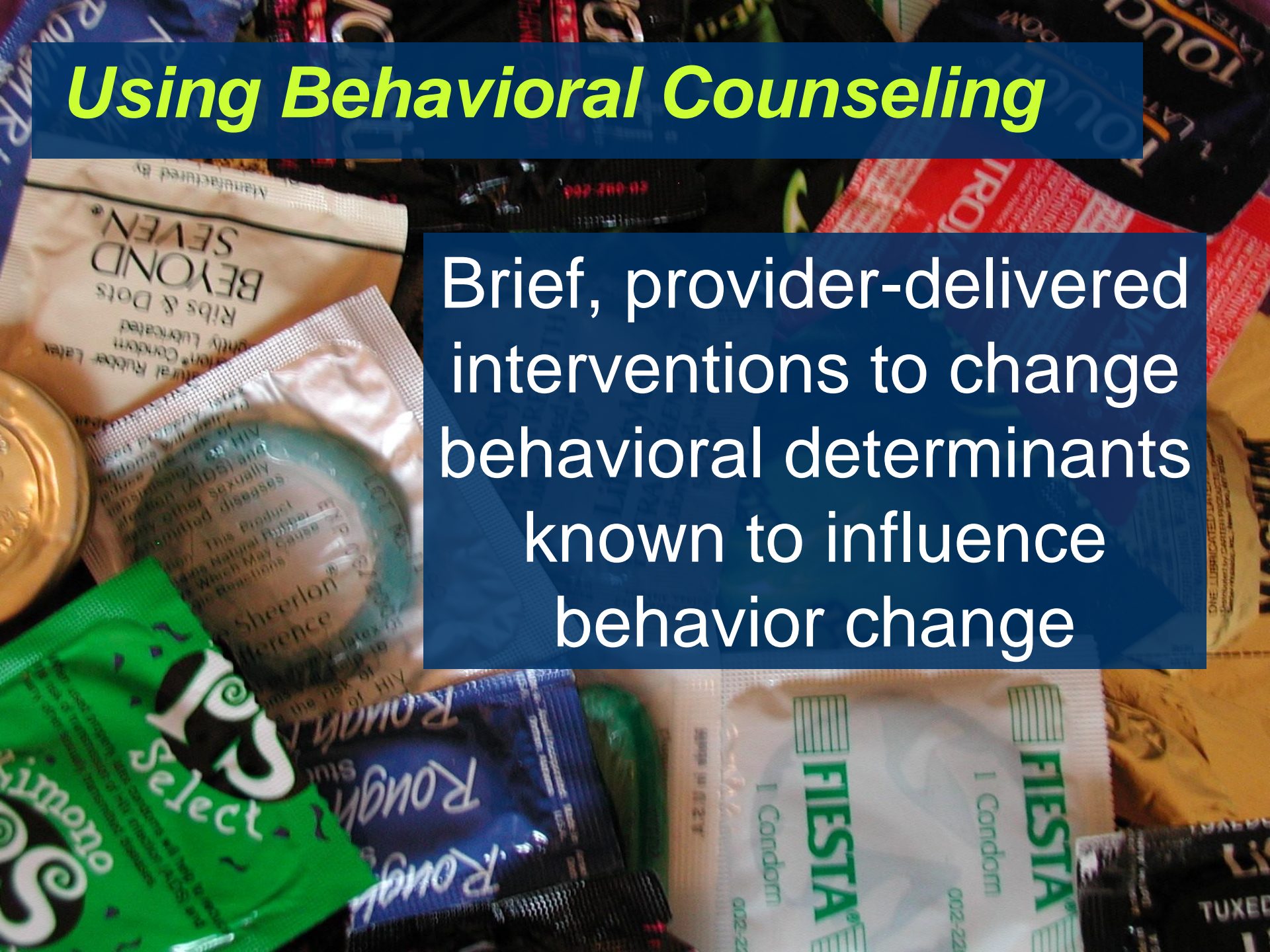
- *What do you know about how people get STDs?*
- *What do you know about how people get HIV?*

◆ **Assess Attitudes/Beliefs**

- *What are your concerns about giving HIV to someone else?.....explore rationale & address misconceptions*
- *What are your concerns about getting an STD or hepatitis?explore rationale & address misconceptions*

Using Behavioral Counseling

Brief, provider-delivered interventions to change behavioral determinants known to influence behavior change



Effective Brief Behavioral Counseling

- ◆ Interactive
- ◆ Based on patient's individual circumstances
- ◆ Based on patient's readiness to change
- ◆ Uses a harm-reduction approach

Steps for Brief Behavioral Counseling

- 1) Summarize patient risk behavior (refer to ASI Module 1)
- 2) Identify patient perception of risk and barriers for change
- 3) Assess readiness for change
- 4) Set a safer goal
- 5) Negotiate a first step

Step 1) Summarize Patient Risk Behavior

◆ WHO:

- Sexual & substance using partners: gender, concurrent, serial.....main or casual

◆ WHAT:

- Sexual & substance use behaviors & practices

◆ HOW:

- Condoms, substance use, partner status

Step 2) Assess Patient's Perception of Risk

- *What concerns do you have about giving HIV to someone else?*
- *What concerns do you have about getting an STD or hepatitis?*
- *What do you see as the riskiest thing you are doing now?*

Step 3) Assess Readiness for Behavioral Change

- ◆ ***Counseling needs to be different depending on patient's readiness.....***
 - Don't see a need to change
 - See a need, but have barriers
 - Ready to try a behavior change

Readiness: *Stages of Change*

Precontemplative “What problem?”	Client sees no need to change behavior	Raise risk awareness Discuss impact of behavior on others
Contemplative “Yes, but...”	Sees the need to change behavior, but has barriers	Discuss pros & cons, ambivalence/barriers
Ready for action “Let’s do it”	Is ready to change behavior and may have already taken some steps	Assist in goals Teach skills Develop a plan
Action Doing it	Has changed behavior for a short period of time	Reinforce goals Reinforce skills
Maintenance Living it	Has changed behavior for a long period of time	Praise success Promote self-efficacy

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Prochaska et al, *Stages of change in the modification of problem behaviors*, 1992.

Ask about Patient's Readiness & Barriers

- ◆ Do you see a need to
 - Use condoms with your main partner
 - Talk about HIV status with partners
 - Get your partner to get HIV tested
- ◆ What makes it difficult for you to.....
 - Use condoms with your main partner,
 - Talk about HIV status with partners
 - Get your partner to get HIV tested



Step 4) Negotiate a Behavioral Goal

Identify a behavioral goal the patient is most 'ready' to try

- ◆ *How would your sexual/drug practices have to change for you to stay safe?*
- ◆ *What do you feel ready to do to reduce your risk of HIV or STDs?*





Examples of Safer Behavior Goals

- ◆ Abstinence
- ◆ Monogamy
- ◆ Condom use
- ◆ Reduce number of partners
- ◆ Disclose to partners
- ◆ Asking partners' status
- ◆ Routine STD screening
- ◆ Refer partners for STD/HIV testing
- ◆ Stop injection drug use
- ◆ Use clean or new injecting equipment
- ◆ Do not share injection equipment
- ◆ Re-engaging in care
- ◆ Starting ART
- ◆ Treatment adherence

Step 5) Identify a First Step

- Concrete
- Incremental
- Individualized
- Realistic
- Back up plan





Skills Practice

Practice elements of behavioral counseling:

- 1) Summarize patient risk behavior**
- 2) Assess patients perception of risk and barriers for change**
- 3) Assess readiness for change**
- 4) Negotiate a safer behavior goal**
- 5) Identify a first step**
 - ◆ 1-2 acceptable & realistic steps toward the goal



Skills Practice:

DEBRIEFING

- ◆ How did you assess the patient's readiness to change?
- ◆ What behavioral goal did you negotiate?
- ◆ What first step did your patient choose?
- ◆ What was difficult about this exercise?

Document Counseling in Patient Record

- ◆ Results of behavioral risk assessment
- ◆ Patient readiness & barriers to change
- ◆ Goal identified & first step agreed upon

Ask about Progress at Next Visits

- If patient is meeting the goal:
 - positive reinforcement
 - identify next steps
 - anticipate new problems or changes (Ask “what if . . .?” questions)

What happens if you start a new relationship?

- If patient is not meeting goal:
 - further assess circumstances, attitudes, readiness
 - revise steps
 - consider referrals

Identify Resources in Your Area

- ◆ Contact local/state health department about more intensive HIV prevention interventions offered by:
 - Health Department
 - Community-based organizations
- ◆ Nurses, social workers, case managers, counselors, & health educators know about local support services

Make Referrals

- ◆ Case Management
 - Patient Navigator programs
- ◆ Higher-intensity risk reduction interventions
 - Individual, group, community
- ◆ Partner Services (Module 3)
- ◆ Other services
 - Substance use, mental health, family planning, housing, prenatal care

How to Get More Training & Technical Assistance

- ◆ www.nnptc.org
- ◆ www.aidsetc.org
- ◆ www.effectiveinterventions.org
- ◆ Access technical assistance through state/local health department HIV prevention services

*Based on this presentation,
what do you plan to do
differently in your practice?*

ASK

SCREEN

INTERVENE

- ***PARTNER SERVICES***
- ***BRIEF BEHAVIORAL INTERVENTIONS***
- ***ADDRESSING MISCONCEPTIONS***
- ***PREVENTION MESSAGES***
- ***STD SCREENING***
- ***RISK SCREENING***